



Principal Investigator: Dr Meg Sands

Department Of Palliative Care

Tel: (+61 2) 9382 4020

Fax: (+61 2) 9382 1579

SQID

– Testing the performance of a Single Question in Delirium case finding.

SQID QUESTIONNAIRE

Name: _____

1. Date: _____

2. Time: _____

3. ASK FAMILY/FRIEND:

“Do you feel that [patient’s name] has been more confused lately?”

RECORD RESPONSE (tick):

• YES _____

• NO _____

4. RELATIONSHIP TO PATIENT (eg Mother, Father, Sister, Son, Daughter, etc):

5. DOES THIS PERSON LIVE WITH THE PATIENT?

• YES _____

• NO _____

TIME _____

NAME/SIGN _____ DATE _____